



**APPLICATION FOR PERMIT TO SOLICIT ACCORDING TO ARTICLE XXIII
OF THE BY-LAWS OF THE TOWN OF WESTFORD**

NAME _____ TELEPHONE# _____

ADDRESS _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ SS# _____ - _____ - _____

PLACE OF BIRTH _____

FATHERS NAME _____ MOTHERS MAIDEN NAME _____

NATURE OF BUSINESS FOR WHICH PERMIT IS REQUESTED:

NAME OF COMPANY _____

ADDRESS _____

NO. & STREET

CITY/TOWN

STATE

ZIP CODE

ARE YOU TEMPORARILY STAYING IN THE AREA? ☐ YES ☐ NO IF YES, HOW LONG _____

LOCAL ADDRESS/WHERE YOU ARE STAYING:

ADDRESS _____

NO. & STREET

CITY/TOWN

STATE

ZIP CODE

SUPERVISORS NAME _____ TELEPHONE# _____

LOCATION WHERE YOUR SUPERVISOR CAN BE FOUND:

ADDRESS _____

NO. & STREET

CITY/TOWN

STATE

ZIP CODE

HAVE YOU EVER BEEN LISTED AS A DEFENDANT OF A CRIME IN ANY STATE? ☐ YES ☐ NO

IF YES, EXPLAIN (INCLUDE WHERE, WHEN AND WHAT CRIME)

MOTOR VEHICLE INFORMATION:

MAKE/MODEL _____ PLATE _____ YEAR _____ COLOR _____

ANY FALSE INFORMATION GIVEN WILL BE GROUNDS FOR DENIAL OF PERMIT. FAILURE TO COMPLY WITH THE RULES AND CONDITIONS OF APPROVED PERMIT(S) WILL RESULT IN ITS REVOCATION AS DETERMINED BY THE CHIEF OF POLICE OR HIS DESIGNEE.

SIGNATURE

DATE

***** ***ALL INFORMATION BELOW FOR POLICE USE ONLY*** *****

ID CONFIRMED? ☐ YES ☐ NO FEE PAID? ☐ YES ☐ NO COMPANY CONFIRMED? ☐ YES ☐ NO

MA. B.O.P.? _____ TRIPLE I _____ WARRANTS _____ BETTER BUSINESS BUREAU _____

PERMIT APPROVED BY: _____ DATE ISSUED _____